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\*Total of

PTO/SB/121 (10-00)

Approved for use frigugh 10/31/2002. OMB 0651-0035 U.S. Fatent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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in the following listed application(s) or patent(s):										
Patent Nu	ımber		Pate	nt Date	U.S. Filing					
1		on Number	(if appropriate)		Date					
	09/8	80,821	<del>-</del>		June 15, 2001					
				-	RECEIVED					
					MAY 0 2 2003					
					TECH CENTER 1600/2900					
(check		(check	one)							
Typed or Printed Name	Leon	ard C. Mitchard	.,		Applicant or Patentee					
Signature				Assignee of record of the entire interest. Statement under 37 C.F.R. §						
Date	A	pril 30, 2003			3.73(b) is enclosed. (Form PTO/SB/96)					
Address of signer: 1100 North Glebe Road, 8 <sup>th</sup> Floor Arlington, VA 22202		3 <sup>th</sup> Floor		$\boxtimes$	Attorney or Agent of record					
	<b>3</b> ,				29,009					
					(Reg. No.)					
	of all the inventors or assignees of r s required, see below.*	ecord of the entire interes	t or their repr	esentative(s) are	required. Submit multiple forms if more					

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forms are submitted.

IN THE UNITED STATES PATENT AND TRADMARK OFFICE

Atty Dkt. 1208-49

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up Art Unit: 1635

Examiner: Jane J. Zara

Date: April 30, 2003

\$ 16.35

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TECH CENTER 1600/2900

Assistant Commissioner for Patents Washington, DC 20231

RIBOZYMAL NUCLEIC A

June 15, 2001

Serial No. 09/880,821

in re Patent Application of

EAGLES of al

Filed:

Title:

Sir:

**RESPONSE** 

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

Correspondence Address Indication Form Attached.

Fees are attached as calculated belo	SW:
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Total effective claims after amendment $18$ minus highest number previously paid for $20$ (at least $20$ ) = $0$ x \$ 18.00	\$	0.00				
Independent claims after amendment 3 minus highest number previously paid for 3 (at least 3) = 0 x \$ 84.00	\$	0.00				
If proper multiple dependent claims now added for first time, add \$280.00 (ignore improper)	\$	0.00				
Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s) (\$110.00/1 month; \$410.00/2 months; \$930.00/3 months)						
Terminal disclaimer enclosed, add \$ 110.00	\$	0.00				
First/second submission after Final Rejection pursuant to 37 CFR 1.129(a) (\$750.00)  Please enter the previously unentered , filed  Submission attached						
Subtota	al \$	930.00				
If "small entity," then enter half (1/2) of subtotal and subtract  Applicant claims "small entity" status.  Statement filed herewith	-\$	0.00				
Rule 56 Information Disclosure Statement Filing Fee (\$180.00)	\$	0.00				
Assignment Recording Fee (\$40.00)	\$	0.00				
Other:		0.00				

TOTAL FEE ENCLOSED \$ 930.00

The Commissioner is hereby authorized to charge any <u>deficiency</u>, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

1100 North Glebe Road, 8th Floor Arlington, Virginia 22201-4714 Telephone: (703) 816-4000 Facsimile: (703) 816-4100

LCM:Ifm

NIXON & VANDERHYE P.C.

By Atty: Leonard C. Mitchard, Reg. No. 29,009

Signature: